

**Northern Virginia ID Forum 2
Residential/Housing Meeting Minutes**

September 19, 2012

Welcome: The meeting was called to order at 1:02 p.m. by Cindy Koshatka

Introductions: Cindy took roll of the participants for this telephone conference and asked individuals to identify themselves before speaking.

Attendees:

Jennifer McKinney Acheson, *Arlington CSB*
Bob Anthony, *NVTC Guardian/Board*
Jane Anthony, *NVTC Guardian/Board*
Joanna Barnes, *Arlington CSB*
Lucy Beadnell, *The Arc of NOVA*
Silva Bey, *CLA*
Ann Bolster, *Guardian*
Phillip Caldwell, *Alexandria CSB*
Jeannie Cummins Eisenhour, *Fairfax-Falls Church CSB*
Pam Gannon, *Arlington CSB*
Steve Garcia, *Loudoun CSB*
Christina Gorgon, *Sunrise Group*
Margaret Graham, *Loudoun CSB*
Jean Hartman, *Fairfax-Falls Church CSB*
Barbara Jones, *Arlington CSB*
Cindy Koshatka, *NVRPO*

Keith Lisenbee, *Dominion Hospital*
Lynn MacDonald,
Sean McGinnis, *Hartwood*
Bo Nguyen, *Prince William CSB*
Erma Richardson, *Haynes View*
Kelly Rinehimer, *DBHDS*
Holly Rhodenhizer, *CHIMES*
Sue Rowland, *Sue Rowland Consulting*
Susan Rudolph, *The Arc of Greater PW*
Anne Sale, *Family Member*
Moira Saucedo,
Ed Senft, *NVTC Parent*
Michelle Simmons, *NVRC*
Michael Toobin, *Toobin Law*
Jackie Turner, *Prince William CSB*
Betty Vines, *DBHDS*
George Winters, *Sunrise Group*

Purpose of the meeting: Cindy said that the purpose of the Forums was to help in planning the implementation of the DOJ Settlement agreement. This discussion today will focus on housing and residential issues as related to DOJ. Consumers both from the training centers and community will be considered in our planning.

Summary/Update on Housing and Residential Issues: Joanna Barnes, Arlington CSB ID Director, and Jeannie Cummings Eisenhour, Fairfax-Falls Church CSB Housing Specialist, provided a summary.

- Provider resources currently used by Arlington County include: CLA, CR, CSI, JDI & Larche & VOA, RIVA (pending).
- Bed availability: 4 jurisdictions have 1-2 open beds, PW has more due to more providers and different cost to do service
- Bed needs: 20 waiver homes and 14 ICFs to accommodate needs known at this time
- Other models – private pay, family foster placement

- 36 Microboards in Virginia that work to fund housing. A person and family incorporate with friends and other natural supports to create a non-stock corporation. This corporation acts on individual's behalf to purchase services and/or housing. VHDA (Virginia Housing Development Authority) has created very low interest loans for micro-board loans, 100% loan to value up to \$450,000 in the name of the micro-board. In NOVA, \$450,000 doesn't cover cost of home purchase. Working to couple with other programs to see if first home buyer program could help or residential tax relief to bring down housing cost for people with disabilities. Microboard can direct services for individuals through CD, but generally does not have access to funding for supportive services.
- Housing capacity and options to develop additional capacity were assessed via a Request for Interest (RFI). Many local providers responded; vacancies and fluctuations were reported by 8-10 vendors in the region; 40 plus individuals could move to another living environment than congregate residential if supports were available. This could free up space in a group home setting. Some capacity does exist to absorb individuals into residences in place. BUT we have individuals in the community and training center who need much more accessible housing than what is currently available in apartment dwellings and other residences. Providers responded in the RFI that they would expand – on housing side this means finding assistance to acquire, retrofit and furnish properties, need capital upfront with no interest, in a residence that is ADA compliant for long term living “aging in place” and would need furnishings as clientele does not have. Basic retrofit is \$200,000 to \$400,000 per project and \$55,000 per 6 person household for furnishings and household equipment. .

Questions, Answers, Comments

Question: What happens in states with no ICF's?

Answer: Waivers in other states are different, often easier to qualify for, services are more robust, pay structure is different.

Comment: PACE program located in Alexandria works with the IDD population with a medical model that wraps services around people to keep them in the community. Further information is available: <http://www.npaonline.org/website/download.asp?id=743>

Comment: Quality assurance is first and foremost in residential services. Face to face case management is required for those who are moving to residential settings larger in size. Independent reviewers and DOJ will do visits themselves.

Questions: From the estimated need of 20 group homes and 14 ICFs, does that involve new settings or existing? Any estimate on how soon that could be met? What will be available for individuals leaving NVTC in 2014?

Answers: New group homes and ICFs. Some providers can open a home within a few months and others believe years. Time frame depends on the extent to which modifications are needed. Structural changes to existing homes are difficult to achieve. Providers are aware of the need; we know who wants to expand. Providers will work with a number of individuals and develop resources based on persons' needs.

Questions: How many ICFs are in our region? How many have available beds?

Answers: ICFs: 3 in Arlington, 6 in Fairfax, 1 Loudoun, 2 Prince William, 0 Alexandria. Bed vacancies by county: 0 in Arlington, 0 Loudoun, 0 in PW, and unconfirmed vacancy in Fairfax.

Comment: A disconnect exists between the DBHDS date target of NVTC closure and time available for discharge development. If no ICF is available, where are people going to go? Language in the DOJ includes no discharges over family objection.

Question: Is there a possibility to build group homes around facilities already in place?

Answer: Based on a meeting in February 2012, DBHDS stated that was not an option.

Comment: We considered this as an option in the Northern Virginia Regional Plan that was sent to the State. They thanked us for the plan and put it on the shelf.

Comment: Statewide ICF locations are on DOH website. Page 37 of this link:

<http://www.vdh.state.va.us/OLC/Facilities/documents/2012/pdf/2012%20LTC%20directory.pdf>

Comment: Judge said it would not violate the terms of the agreement if the timelines were not met.

Question: Will families have the ability to visit group homes or ICFs at any time?

Answer: Each group home will have their own visitation procedures. CLA has an open visit policy.

Question: When families receive the list of ICFs in Va, how do we visit them?

Comment: Arlington ICF is having an open house on Saturday, September 22, from 1 to 4.

Answer: It is important to talk to the CSB support coordinator regarding the visit to assist in maximizing family time and coordination.

Comment: Smaller community run ICFs can't afford to have medical staff on site. 4 person homes are not practical for persons with high complexity needs.

Question: How are medical issues going to be addressed in the community ICFs?

Answer: The ARC of PW has worked with people with complex needs. A nurse is on call 24 -7 and a nurse is in the field. They are trained in ID /DD, and they move from place to place. OT, PT, ST are provided in the community; ARC of PW, have an array of nursing and nursing assistant staff to support individuals based on needs. They have emergency room access and 24 hour physician access.

Question: When persons at the training center go the ER, staff stays with them. Will staff taking person to ER have knowledge of that person? Transportation in NOVA prohibits fast response.

Answer: ARC staff go to hospital and stay with the individual while there.

Comment: Rapid speed of discharges is challenging when one needs to address all of the issues of individuals with high medical needs.

Question: If 2 nurses and both are tied up, what happens?

Answer: Individuals are assigned to a nurse, two levels of back up nursing are in place. All staff know all of the individuals.

Comment: Has anyone put together a timeline of what has to happen in the community to accomplish all of the steps? If well documented, maybe we can take it to DBHDS. Include property identification, retro fit, finding compatible groups of people, lists of services needed.

Question: Is DBHDS partnering with HUD regarding vouchers and mortgage assistance?

Answer: An interagency workgroup (VDH, HUD, DBHDS, VHDA and DMAS) and Secretary Hazel are looking at how to shape resources at the State and local community level . A work product to the Secretary that reviews rent subsidies, low income tax credit, and other opportunities is expected in March 2013.

Question: Who are on the planning teams to develop new residences?

Answer: Each jurisdiction has different housing staff. Individual choice regarding provider selection occurs at the team level. Providers look for compatibility of individuals, work on development of group homes and work with local or state sources to address un-met needs.

Question: What is recourse if the placement is inappropriate or if it does not work out? If a placement is not appropriate and another place is not available, what happens?

Answer: If the Team or provider believe that the placement is not a good match, then alternative placement is sought. A detailed process of visits and assessment prior to the placement occurs so that inappropriate placements are less likely to happen. The provider may have another environment for the person to move. START may work to address the needs of the individual and to work with the provider to meet the needs of the individual.

Question: Multiple staff reduce errors, can cover emergencies, and can inhibit abuse or neglect. How can this level of staffing be afforded in small settings? What size settings are necessary for these important protections from harm?

Answer: The provider is responsible for staffing that meets the needs of the people in the house. Licensure makes visits and assess whether the needs of the person are being met. CSB staff make visits.

Question: Who is working with the county to plan for evacuation and emergency procedures during times of natural and man-made disasters?

Answer: Each provider must have emergency plans , which includes evacuation drills. Providers have given their addresses to emergency personnel in their jurisdiction so their needs are known. CSBs review these protocols with providers as well.

Question: For quality assurance, what data will be collected, how will it be checked for completeness or bias, how will it be analyzed, how will it contribute to improved services, and who will have access to reports?

Answer: Data is on DBHDS website. Heidi Dix of DBHDS gave a presentation in July with a time line for roll out of data elements. There is overlapping oversight; multiple incident reports for an individual may be completed. A host of responsible providers look at the same individual.

Question: Do parents have the right to make unannounced visits? How does one make a complaint and how does that get addressed?

Answer: Call ahead is nice to do but not a requirement. For complaints, call CSB staff, then call the provider. Human rights advocate can also assist in resolving a complaint.

Adjournment: Cindy thanked the participants and encouraged them to communicate future questions and concerns [by email to NVRPO](#). A follow-up email will be sent out shortly. The meeting was adjourned at 2:30 pm.